

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Americans for Responsible Solutions-PAC		FEC IDENTIFICATION NUMBER ▼ C C00540443	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Revolution Messaging, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1730 Rhode Island Avenue, NW Suite 310		Amount 5000.00	
City Washington	State DC	Zip Code 20036	Transaction ID : D553661
Purpose of Expenditure Digital advertising - Estimate		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate MARY L LANDRIEU		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 477773.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Revolution Messaging, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1730 Rhode Island Avenue, NW Suite 310		Amount 131501.62	
City Washington	State DC	Zip Code 20036	Transaction ID : D553663
Purpose of Expenditure Digital advertising - Estimate		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate MARY L LANDRIEU		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 477773.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	136501.62
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Vickie Winpisinger, Assistant Treasurer

[Electronically Filed]

Date

 MM / DD / YYYY
10 / 21 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Americans for Responsible Solutions-PAC		FEC IDENTIFICATION NUMBER ▼ C C00540443	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Revolution Messaging, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 1730 Rhode Island Avenue, NW Suite 310			Amount 7500.00		
City Washington	State DC	Zip Code 20036	Transaction ID : D553665		
Purpose of Expenditure Digital advertising - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014		
Name of Federal Candidate KAY R HAGAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Revolution Messaging, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 1730 Rhode Island Avenue, NW Suite 310			Amount 32268.54		
City Washington	State DC	Zip Code 20036	Transaction ID : D553666		
Purpose of Expenditure Digital advertising - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014		
Name of Federal Candidate KAY R HAGAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	330168.54
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Vickie Winpisinger, Assistant Treasurer

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Full Name of Payee Ambrosino Muir Hansen Crounse		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 2713 Mt. Vernon Avenue		Amount 341271.68	
City Alexandria	State VA	Zip Code 22301	Transaction ID : D553658
Purpose of Expenditure Direct Mail - Estimate	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate WILLIAM CASSIDY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 477773.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	341271.68
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	807941.84

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Vickie Winpisinger, Assistant Treasurer
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